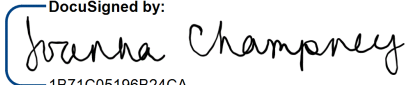


POLICY AND PROCEDURE

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| <u>POLICY TITLE:</u> DSAMH UR Retroactive Review | <u>POLICY #:</u> DSAMH037 |
| <u>PREPARED BY:</u> DSAMH UR | <u>DATE ISSUED:</u> 6/6/22 |
| <u>RELATED POLICIES:</u> DSAMH003 Provider Appeals Policy DSAMH031 Involuntary Placement Policy DSAMH032 Voluntary Placement Policy DSAMH034 UR Initial Review Policy DSAMH035 UR Concurrent Review Policy DSAMH036 UR Discharge Review Policy | <u>REFERENCE:</u> NQCA, HEIDIS, CMS |
| <u>DATES REVIEWED:</u> 6/6/22 | <u>DATES REVISED:</u> N/A |
| <u>APPROVED BY:</u>  1B71C05196B24CA... 6/13/2022 8:52 AM PDT | <u>NOTES:</u> <input type="checkbox"/> DSAMH Internal Policy <input type="checkbox"/> DSAMH Operated Program <input checked="" type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> Targeted Use Policy (Defined in scope) |

I. PURPOSE:

The purpose of this policy is to promote and maintain objective, consistent, impartial, and fair utilization management decisions. The policy shall describe the authorization review process for inpatient psychiatric treatment for Delaware residents eighteen (18) years of age or older who are uninsured, underinsured, or have Delaware Medicaid fee-for-service. These procedures pertain to all inpatient psychiatric treatment providers contracted to provide care for the State.

II. POLICY STATEMENT:

DSAMH shall conduct a retroactive review in instances where a patient was believed to have insurance and the inpatient psychiatric treatment provider discovered, after initiating treatment under another payer, that the patient was uninsured, underinsured, or had Delaware Medicaid fee-for-service. Once all supporting documentation has been received by DSAMH Utilization Review (UR), it is considered a formal authorization request.

III. DEFINITIONS:

“Authorization” means the agreement from DSAMH that a patient meets medical necessity for inpatient psychiatric treatment.

“FFS” means fee-for-service.

“Utilization Review” or “UR” means the review of clinical information to determine authorization approval or denial.

IV. **SCOPE**: This policy and procedure applies to all inpatient psychiatric treatment providers contracted with the State to provide inpatient psychiatric care for uninsured or underinsured patients.

V. **PROCEDURES/RESPONSIBILITIES**:

A. Retroactive documentation shall include:

1. The full patient clinical record.
2. Confirmation of member eligibility and the availability of benefits obtained upon admission.
3. Evidence that a patient is not covered under a private insurance, an out of state Medicaid, has exhausted Medicare days, or has a policy that does not cover acute inpatient psychiatric treatment.
4. Termination of benefits statement or exhaustion of benefit statement or proof that the patient is not covered by an insurance plan.
5. Submissions for payment from DSAMH should follow the guidelines and timelines set in DSAMH UR Initial Review.

B. Retroactive review is the process of determining coverage after treatment has been initiated:

1. Analyzing patient care data to support the coverage determination process.
2. Reviewing supporting clinical documentation.

C. Retroactive reviews will not be completed on patients who had been identified as uninsured on admission and there was a failure to complete an initial or concurrent review within the defined timeframe. See DSAMH UR Initial Review Policy and DSAMH UR Concurrent Review Policy.

D. The provider must send the complete chart within ten (10) business days of notification that the patient insurance has been terminated or exhausted. The notification must be sent with the chart.

E. The retroactive review documentation must be submitted to the DSAMH UR email box DSAMH_EEU_UR@delaware.gov with the word “retroactive” in the subject line. Retroactive reviews submitted to another email box will not be accepted.

VI. **POLICY LIFESPAN**: This policy will be reviewed annually.

VII. **RESOURCES**: N/A